

**STANDARD AGREEMENT AMENDMENT**

STD 213 A (DHS Rev 7/04)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ADDED 1 PAGES

AGREEMENT NUMBER <b>0-25068</b>	AMENDMENT NUMBER <b>A02</b>
REGISTRATION NUMBER:	


1. This Agreement is entered into between the State Agency and Contractor named below:  

STATE AGENCY'S NAME California Department of Health Services	(Also referred to as CDHS, DHS, or the State)
CONTRACTOR'S NAME San Bernardino County	(Also referred to as Contractor)
2. The term of this Agreement is July 1, 2002 through June 30, 2005
3. The maximum amount of this Agreement is: **\$ 1,316,958**  
One million, three hundred sixteen thousand, nine hundred fifty eight dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
  - I. Amendment effective date: 7/1/04
  - II. Purpose of amendment: This amendment reflects an increase in the budget for year 3, increasing the maximum amount payable by \$22,443. This request is to reallocate savings from Personnel into operating expenses and to increase the amount in several items within operating expenses to accommodate increases in communications and general operating supplies, as well as travel and other costs. DHS is obtaining more of the same services shown in the original agreement.
  - III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
  - IV. Paragraph 3 (maximum amount payable) on the face of the original STD 213 is increased by \$22,443 and is amended to read: ~~\$1,294,515 (One million, two hundred ninety four thousand, five hundred fifteen dollars)~~ **\$1,316,958 (One million, three hundred sixteen thousand, nine hundred fifty eight dollars)**.
  - V. Paragraph 4 (Incorporated Exhibits) on the face of the original STD 213 is amended to add Exhibit B-1, Attachment III, Budget (Year 3). All references to Exhibit B, Attachment I, II, and III in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment I, Exhibit B-1, Attachment II, and Exhibit B-1, Attachment III respectively.

(Continued on next page)

All other terms and conditions shall remain the same.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		<b>CALIFORNIA</b> Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) San Bernardino County		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Dennis Hansberger, Chairman, Board of Supervisors		
ADDRESS Attn: Trudy Raymundo - CLPP Program, Dept. of Public Health 351 North Mt. View Avenue, San Bernardino, CA 92415-0010		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME California Department of Health Services		<input type="checkbox"/> Exempt per:
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Terri L. Anderson, Chief, Contracts and Purchasing Services Section		
ADDRESS 1501 Capitol Avenue, Room 71.2101, MS 1403, P.O. Box 997413 Sacramento, CA 95899-7413		

VI. Provision 4 (Amounts Payable) of Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$424,439 for the budget period of 7/1/02 through 6/30/03.
- 2) \$440,026 for the budget period of 7/1/03 through 6/30/04.
- 3) ~~\$430,050~~ \$452,493 for the budget period of 7/1/04 through 6/30/05.

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the State fiscal year in which services are performed and/or goods are received.

**Exhibit B-1  
Attachment III  
Budget (Year 3)  
(7/01/04 Through 6/30/05)**

Original Budget	Primary Contract	Medi-Cal Lead Program			Total Original Budget
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	\$180,350	\$ 20,090	\$ 77,392	\$ 17,610	\$ 295,442
Fringe Benefits (23.92% of Personnel)	43,140	4,806	18,512	4,212	70,670
Indirect Costs (10% of Personnel & Fringe)	22,348	2,490	9,590	-	34,428
Indirect Costs associated with Enhanced (10%)			2,182		2,182
Operating Expenses	9,808	-	6,720		16,528
Equipment	-	-	-	-	-
Travel	3,500	750	1,000	750	6,000
Subcontracts	-	-	-	-	-
Other Costs	4,800				4,800
	\$263,946	\$ 28,136	\$ 115,396	\$ 22,572	\$ 430,050

Budget Changes	Primary Contract	Medi-Cal Lead Program			Total Budget Changes
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	\$ (35,805)	\$ 15,810	\$ 5,355	\$ (3,272)	\$ (17,912)
Fringe Benefits (from 23.92% to 33.95%)	5,933	7,382	9,581	656	23,552
Indirect Costs (from 10% to 13%)	2,822	3,761	4,819	-	11,402
Indirect Costs associated with Enhanced (from 10% to 13%)			315		315
Operating Expenses	2,176	-	2,710		4,886
Equipment	-	-	-	-	-
Travel	(2,000)	250	(800)	(250)	(2,800)
Subcontracts	-	-	-	-	-
Other Costs	3,000				3,000
	\$ (23,874)	\$ 27,203	\$ 21,980	\$ (2,866)	\$ 22,443

Amended Budget	Primary Contract	Medi-Cal Lead Program			Total Amended Budget
		PHN Case Mgt Services	Administrative Activities		
			Non-Enhanced	Enhanced	
Personnel	\$144,545	\$ 35,900	\$ 82,747	\$ 14,338	\$ 277,530
Fringe Benefits (33.95% of Personnel)	\$ 49,073	\$ 12,188	\$ 28,093	\$ 4,868	94,222
Indirect Costs (13% of Personnel & Fringe)	\$ 25,170	\$ 6,251	\$ 14,409	\$ -	45,830
Indirect Costs associated with Enhanced (13%)	\$ -	\$ -	\$ 2,497	\$ -	2,497
Operating Expenses	\$ 11,984	\$ -	\$ 9,430	\$ -	21,414
Equipment	\$ -	\$ -	\$ -	\$ -	-
Travel	\$ 1,000	\$ 1,000	\$ 300	\$ 000	3,000
Subcontracts	\$ -	\$ -	\$ -	\$ -	-
Other Costs	\$ 7,800	\$ -	\$ -	\$ -	7,800
	\$240,072	\$ 55,339	\$ 137,376	\$ 19,706	\$ 452,493